

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

45

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Orlando

Sanchez

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

☒ Change of Address

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5065 Westheimer, Ste. 810  
Houston, TX 77056

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 532-7800

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Penny

Butler

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5100 Westheimer, Ste. 1500  
Houston, TX 77056

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 906-8232

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

11 / 27 / 03

12 / 31 / 03

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

12 / 06 / 03

☐ Primary

☒ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor of Houston

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME****16 ACCOUNT #** (Ethics Commission files)**17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 89,707.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 281,091.97

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 22,130.48

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

**19 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Orlando Sanchez, this the 15<sup>th</sup> day of January, 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath


Printed name of officer administering oath

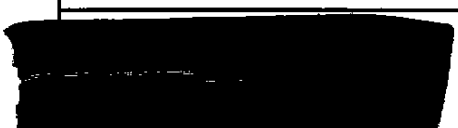
Title of officer administering oath

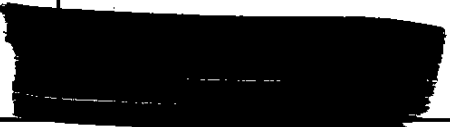
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**

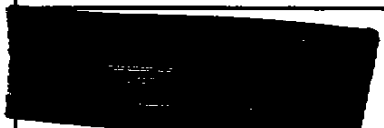
The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 1 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ruma Acharya	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Perry Bonney	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ernie Weatherford	Amount of contribution (\$) \$20.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	


Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# David Bell	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

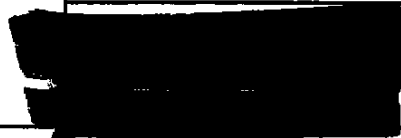
Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Fred Lueck	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 2 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Asma Ayub	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Tammy Barrier	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Martha Ralph	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Jerry Patterson Campaign	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# N.G. Miller	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**

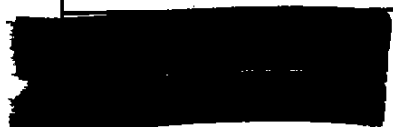
The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 3 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Robert B. Partin	Amount of contribution (\$)  \$200.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Patrick Ezzell	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# L.S. Vester	Amount of contribution (\$)  \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# William E. Ross, Jr.	Amount of contribution (\$)  \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Aldo J. Alamo	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 4 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-27-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Manuel Ramirez	Amount of contribution (\$) \$20.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-28-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Raymond Torres	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ronnie Bement	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 11-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Hortencia Barelas	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 11-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Antonia Gustin	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 5 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# W.R. Simpson 	Amount of contribution (\$) \$20.00	In-kind contribution description (if available)
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-29-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# David H. Brown 	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# John Galloway II 	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

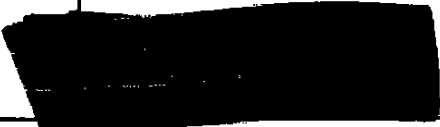
Date 11-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Jim Bowie 	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

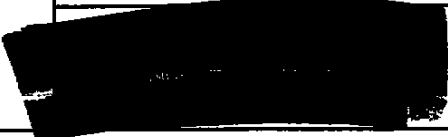
Date 11-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Dennis Griffith 	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 6 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 11-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Fred Robertson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Bruce Koger	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 11-30-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Graciela Alamo	Amount of contribution (\$) \$350.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Bill Othon	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Richard N. Tennille	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	




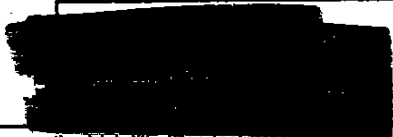
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

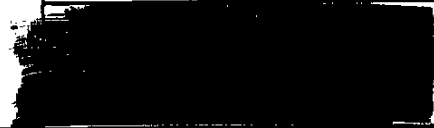
**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 7 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Barbara S. Patton	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Micheline Hutson	Amount of contribution (\$)  \$300.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# James L. Turner	Amount of contribution (\$)  \$20.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

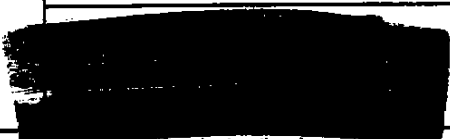
Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Kaye Ostermann	Amount of contribution (\$)  \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Hien V. Tran	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 8 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Mailien Tran	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# J. Abbott Sprague	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Leslie Sprague	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	


Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# R. Gary Montgomery	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	


Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Frank E. Brooks	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

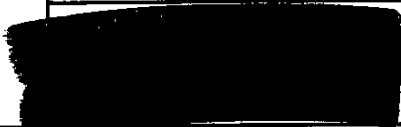
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**

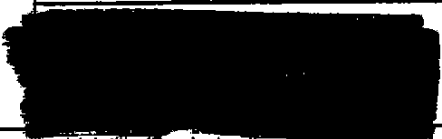
The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 9 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Deborah Salvo	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-1-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Mrs. Harry Mach	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Salvador Salinas	Amount of contribution (\$) \$75.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ami Avivi	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Verdene B. Ryder	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 10 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Elvira Martinez	Amount of contribution (\$)  \$200.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# J.W. Smelley	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Patricia Hahn	Amount of contribution (\$)  \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Charles C. Robinson	Amount of contribution (\$)  \$15.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Manuel Ramirez	Amount of contribution (\$)  \$20.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 11 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Barbara Aviles	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Oralia C. Sarabia	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-2-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ann Ligan Dissen	Amount of contribution (\$) \$30.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Lisa S. Pham	Amount of contribution (\$) \$1,015.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

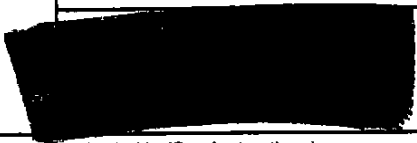
Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Dan Lynch	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 12 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Beverly Woolley	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# John Carter	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Val Carter	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# David Haug	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Karen Haug	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 13 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Delfina R. Flores	Amount of contribution (\$) \$15.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Charles "Trey" Schwarz	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Trini Mendenhall	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Susan Baumann	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Joe Manning, Jr.	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 14 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$10.00	In-kind contribution description (if available)
	Patsy Phillips-Herbert		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Thomas M. Matthews		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Rolando H. Briones		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if available)
	D. Keith Oden		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$10,000.00	In-kind contribution description (if available)
	Associated Republicans of Texas Camp. Fund		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

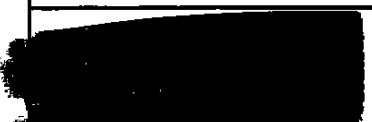



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

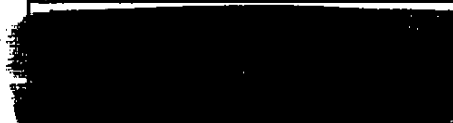
**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 15 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission files)

Date 12-3-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# _____ Charles Bacarisse	Amount of contribution (\$) \$3,500.00	In-kind contribution description (If available)  Contract labor for GOTV efforts
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# _____ Paul Martin Hauffe	Amount of contribution (\$) \$25.00	In-kind contribution description (If available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# _____ Erin Holmes	Amount of contribution (\$) \$5,000.00	In-kind contribution description (If available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# _____ Allison Holmes	Amount of contribution (\$) \$5,000.00	In-kind contribution description (If available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# _____ Tony McCorvey	Amount of contribution (\$) \$500.00	In-kind contribution description (If available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

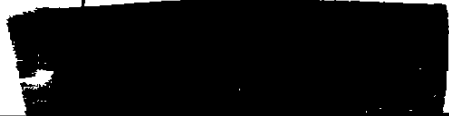
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 16 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Charles S. Leyendecker	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Jeanette Whitfield	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Rudy Ortiz	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

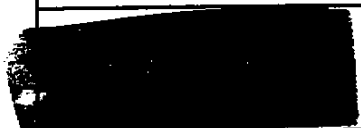
Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# E.B. Kersh	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Betsy Lake	Amount of contribution (\$) \$212.00	In-kind contribution description (if available) Postage
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

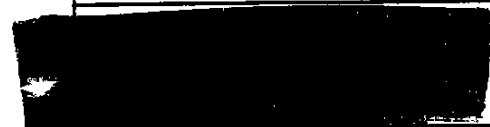
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**

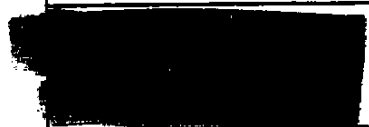
The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 17 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Betty Elbus	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Zarine Boyce	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Michael Marquez	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

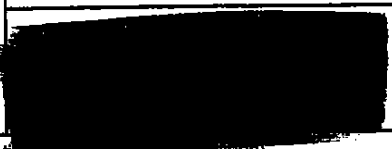
Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Danny Miremont	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ric Campo	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 18 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if available)
	Roberto Constantiner 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-4-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
	Nelson I. Balido 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$25.00	In-kind contribution description (if available)
	Elsie Huang 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
	Asit Choksi 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID#	Amount of contribution (\$)  \$10.00	In-kind contribution description (if available)
	Travis Bret Gillig 		
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**


**SCHEDULE A**


The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 19 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Nelson H. Balido	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-5-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Philip L. Leggett, MD	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Mark Stuart	Amount of contribution (\$)  \$500.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Paul S. Wahlberg	Amount of contribution (\$)  \$250.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	


Date 12-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Ricardo Hidalgo, DDS	Amount of contribution (\$)  \$100.00	In-kind contribution description (if available)
			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.	Total pages this Schedule A: pg 20 of 20
FILER NAME: Orlando Sanchez	ACCOUNT # (Ethics Commission filers)

Date 12-6-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Irma Hidalgo 	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

Date 12-8-2003	Full name of contributor <input type="checkbox"/> out of state PAC ID# Fred R. Stockton 	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: <b>1 of 3</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>11/28/2003</b>	Payee name      Payee address <b>International Mailing Systems 815 Live Oak Houston, TX 77003</b>	Amount (\$) <b>\$11,599.67</b>
---------------------------	--	-----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Postage</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>11/28/2003</b>	Payee name      Payee address <b>Neumann and Company 1314 West Webster Houston, TX 77019</b>	Amount (\$) <b>\$12,423.90</b>
---------------------------	---	-----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Direct Mail Expenses</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>11/28/2003</b>	Payee name      Payee address <b>Amy Pierce 55 Waugh Drive, Ste. 610 Houston, TX 77007</b>	Amount (\$) <b>\$1,700.00</b>
---------------------------	---	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Reimbursement for Postage</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>11/28/2003</b>	Payee name      Payee address <b>Aztec party rental 601 West 6th Street Houston, TX 77007</b>	Amount (\$) <b>\$586.94</b>
---------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Event Rental</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>11/28/2003</b>	Payee name      Payee address <b>Ezra Charles 4818 Glenmont Bellaire, TX 77401</b>	Amount (\$) <b>\$1,000.00</b>
---------------------------	---	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Event Expenses</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 2 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 11/28/2003	Payee name Frances Bui Payee address 7718 Glenlea Houston, TX 77061-2112	Amount (\$) \$203.86
--------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Volunteers Refreshment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 11/29/2003	Payee name Gemi Voss Payee address 18203 Ensburry Houston, TX 77084	Amount (\$) \$4,070.00
--------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 11/29/2003	Payee name Carreno, McCune & Company Payee address 3710 Kirby Drive Houston, TX 77098	Amount (\$) \$19,485.50
--------------------	--	----------------------------

Purpose of expenditure (See instructions regarding type of information required.) Advertisement Expenses/ print ads	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 11/29/2003	Payee name Aztec party rental Payee address 601 West 6th Street Houston, TX 77007	Amount (\$) \$169.08
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event Rental	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 11/29/2003	Payee name John Castillo Payee address 6716 Fairfield Houston, TX 77023	Amount (\$) \$1,356.00
--------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Phone Bank Expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---



# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: <b>3 of 18</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>12/1/2003</b>	Payee name      Payee address <b>Neumann and Company 1314 West Webster Houston, TX 77019</b>	Amount (\$) <b>\$12,761.80</b>
--------------------------	---	-----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Direct Mail expenses</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/1/2003</b>	Payee name      Payee address <b>International Mailing Systems 815 Live Oak Houston, TX 77003</b>	Amount (\$) <b>\$11,823.86</b>
--------------------------	--	-----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Postage</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/1/2003</b>	Payee name      Payee address <b>Gaston Kroneman 4530 Sanford Houston, TX 77035</b>	Amount (\$) <b>\$300.00</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Sign distribution</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/1/2003</b>	Payee name      Payee address <b>Executive Decisions Plus 1925 DeWalt Houston, TX 77098</b>	Amount (\$) <b>\$28,005.00</b>
--------------------------	--	-----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Field operations expenses</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/1/2003</b>	Payee name      Payee address <b>Gloria Gonzales Roemer 735 Highgrove Park Houston, TX. 77024</b>	Amount (\$) <b>\$2,000.00</b>
--------------------------	--	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Media Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 4 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/2/2003	Payee name Leia Breig Payee address 55 Waugh Drive, Ste. 610 Houston, TX 77007	Amount (\$) \$1,110.00
-------------------	---	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/2/2003	Payee name C and M Marketing Payee address 11415 Katy Frwy., Ste. 215 Houston, TX 77079	Amount (\$) \$55,728.00
-------------------	--	----------------------------

Purpose of expenditure (See instructions regarding type of information required.) Advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/3/2003	Payee name International Mailing Systems Payee address 815 Live Oak Houston, TX 77003	Amount (\$) \$7,282.64
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/3/2003	Payee name Neumann and Company Payee address 1314 West Webster Houston, TX 77019	Amount (\$) \$26,983.35
-------------------	---	----------------------------

Purpose of expenditure (See instructions regarding type of information required.) Direct Mail expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/3/2003	Payee name Gloria Gonzales Roemer Payee address 735 Highgrove Park Houston, TX. 77024	Amount (\$) \$2,000.00
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Media Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: <b>5 of 18</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>12/3/2003</b>	Payee name      Payee address <b>International Mailing Systems 815 Live Oak Houston, TX 77003</b>	Amount (\$) <b>\$8,437.87</b>
--------------------------	--	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Postage</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/3/2003</b>	Payee name      Payee address <b>International Mailing Systems 815 Live Oak Houston, TX 77003</b>	Amount (\$) <b>\$8,437.87</b>
--------------------------	--	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Postage</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/4/2003</b>	Payee name      Payee address <b>Bob Pelfrey PO Box 20674 Houston, TX 77282</b>	Amount (\$) <b>\$944.20</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Cell Phone Reimbursement</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/4/2003</b>	Payee name      Payee address <b>Rene Flores 1410 Blalock Suite 260 Houston, TX 77055</b>	Amount (\$) <b>\$300.00</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Furniture/Computers rental</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/4/2003</b>	Payee name      Payee address <b>S&amp;G Associates Staffing 5065 Westheimer, Ste 818 Houston, TX 77056</b>	Amount (\$) <b>\$6,175.00</b>
--------------------------	--	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Staff Leasing</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 6 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/5/2003	Payee name KCOH Radio Payee address 5011 Almeda Houston, TX 77004	Amount (\$) \$1,200.00
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Advertisement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/5/2003	Payee name Odyssey Capital Payee address 5065 Westheimer Suite 818 Houston, TX 77056	Amount (\$) \$1,185.34
-------------------	---	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for event catering	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/5/2003	Payee name Debra Cooper Payee address 5343 Prairie Creek Houston, TX 77084	Amount (\$) \$185.00
-------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/5/2003	Payee name Leslie Dickey Payee address 10321 B Katy Frwy. Houston, TX 77024	Amount (\$) \$604.65
-------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/5/2003	Payee name Gemi Voss Payee address 18203 Ensburry Houston, TX 77084	Amount (\$) \$88.00
-------------------	--	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for decorations	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 7 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/5/2003	Payee name Malcolm Cooper Payee address 5343 Prairie Creek Houston, TX 77084	Amount (\$) \$351.50
-------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/5/2003	Payee name Mark Annes Payee address 4401 Wheeler, Ste. 1707 Houston, TX. 77004	Amount (\$) \$63.28
-------------------	---	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Volunteers Refreshment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/5/2003	Payee name Brandon Oliver Payee address 604 E. Paces Ferry Road Atlanta, GA. 30305	Amount (\$) \$854.85
-------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Travel Expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/5/2003	Payee name Reliant Energy Payee address PO Box 3765 Houston, TX 77253-3765	Amount (\$) \$421.79
-------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Utilities	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/5/2003	Payee name Harris County Clerk Payee address PO Box 1525 Houston, TX 77251-1525	Amount (\$) \$75.00
-------------------	--	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Maps	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 8 of 12
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/5/2003	Payee name      Payee address Dimensional Investments 4201 FM 1960 West #220 Houston, TX 77068	Amount (\$) \$1,000.00
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Phone Bank Expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/5/2003	Payee name      Payee address Leedy Graphics PO Box 680826 Houston, TX. 77268-0816	Amount (\$) \$1,543.65
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/5/2003	Payee name      Payee address James LeGrand 10505 Cloud IH 35 #1415 Austin, TX 78747	Amount (\$) \$666.00
-------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date 12/5/2003	Payee name      Payee address Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036	Amount (\$) \$2,337.82
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/5/2003	Payee name      Payee address International Mailing Systems 815 Live Oak Houston, TX 77003	Amount (\$) \$1,448.36
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: <b>9 of 18</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>12/5/2003</b>	Payee name      Payee address <b>SBC Communications PO Box 4706 Houston, TX 77210</b>	Amount (\$) <b>\$32.14</b>
--------------------------	--	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Phones for campaign headquarters</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/5/2003</b>	Payee name      Payee address <b>SBC Communications PO Box 4706 Houston, TX 77210</b>	Amount (\$) <b>\$123.10</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Phones for campaign headquarters</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/5/2003</b>	Payee name      Payee address <b>SBC Communications PO Box 4706 Houston, TX 77210</b>	Amount (\$) <b>\$1,574.21</b>
--------------------------	--	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Phones for campaign headquarters</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/5/2003</b>	Payee name      Payee address <b>SBC Communications PO Box 4706 Houston, TX 77210</b>	Amount (\$) <b>\$292.86</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Phones for campaign headquarters</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/5/2003</b>	Payee name      Payee address <b>SBC Communications PO Box 4706 Houston, TX 77210</b>	Amount (\$) <b>\$807.02</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Phones for campaign headquarters</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 10 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/5/2003	Payee name      Payee address Kyle Johnston 12955 Woodforest Houston, TX 77015	Amount (\$) \$25.84
-------------------	--	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date 12/5/2003	Payee name      Payee address Analia Gugliotti 5065 Westheimer, Suite 818 Houston, TX. 77056	Amount (\$) \$709.26
-------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/5/2003	Payee name      Payee address Carreno, McCune & Company 3710 Kirby Drive Houston, TX 77098	Amount (\$) \$2,138.00
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Radio Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date 12/5/2003	Payee name      Payee address Walden & Associates 2028 Buffalo Terrace Houston, TX 77019	Amount (\$) \$3,612.00
-------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for event expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/5/2003	Payee name      Payee address Kim Jessup 55 Waugh Suite 610 Houston, TX 77007	Amount (\$) \$363.00
-------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---



# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: <b>11 of 18</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>12/5/2003</b>	Payee name      Payee address <b>Pat Downing 9606 Rocktree Houston, TX 77040</b>	Amount (\$) <b>\$2,000.00</b>
--------------------------	---	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/5/2003</b>	Payee name      Payee address <b>Amy Pierce 55 Waugh Drive, Ste. 610 Houston, TX 77007</b>	Amount (\$) <b>\$1,194.15</b>
--------------------------	---	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Reimbursement for Postage and Office Supplies</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/5/2003</b>	Payee name      Payee address <b>Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036</b>	Amount (\$) <b>\$503.00</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Printing</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/5/2003</b>	Payee name      Payee address <b>Gina Benton 12939 Wincrest Court Cypress, TX 77429</b>	Amount (\$) <b>\$387.10</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/6/2003</b>	Payee name      Payee address <b>Amy Pierce 55 Waugh Drive, Ste. 610 Houston, TX 77007</b>	Amount (\$) <b>\$290.32</b>
--------------------------	---	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 12 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/6/2003	Payee name Dion Jones Payee address 13101 Briarforest Houston, TX. 77077	Amount (\$) \$483.87
-------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/6/2003	Payee name Alma Carrillo Payee address 3318 Brea Crest Houston, TX 77093	Amount (\$) \$387.10
-------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/6/2003	Payee name Glenn Risly Payee address 5238 Hummingbird Houston, TX 77035	Amount (\$) \$200.00
-------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/6/2003	Payee name Kyle Johnston Payee address 12955 Woodforest Houston, TX 77015	Amount (\$) \$580.65
-------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/6/2003	Payee name Mark Annes Payee address 4401 Wheeler, Ste. 1707 Houston, TX. 77004	Amount (\$) \$96.77
-------------------	---	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: <b>13 of 18</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>12/6/2003</b>	Payee name      Payee address <b>Steve Parkhurst One Cougar Place Dr. #920 Houston, TX 77004</b>	Amount (\$) <b>\$96.77</b>
--------------------------	---	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/6/2003</b>	Payee name      Payee address <b>Bernetta Young PO Box 27121 Houston, TX 77227</b>	Amount (\$) <b>\$290.32</b>
--------------------------	---	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/6/2003</b>	Payee name      Payee address <b>Craig Andress 3230 Druid St. Houston, TX 77091</b>	Amount (\$) <b>\$290.32</b>
--------------------------	--	--------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date <b>12/11/2003</b>	Payee name      Payee address <b>Rene Flores 1410 Blalock Suite 260 Houston, TX 77055</b>	Amount (\$) <b>\$40.00</b>
---------------------------	--	-------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Computer Repair</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/11/2003</b>	Payee name      Payee address <b>Monique Skinner PO Box 66764 Houston, TX 77266</b>	Amount (\$) <b>\$1,500.00</b>
---------------------------	--	----------------------------------

Purpose of expenditure (See instructions regarding type of information required.) <b>Consulting fee</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 14 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/11/2003	Payee name      Payee address James Collins 2102 Cobble Creek Houston, TX 77073	Amount (\$) \$3,075.07
--------------------	---	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Transportation Expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date 12/12/2003	Payee name      Payee address Odyssey Capital 5065 Westheimer Suite 818 Houston, TX 77056	Amount (\$) \$2,100.63
--------------------	---	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Transportation expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date 12/12/2003	Payee name      Payee address Bob Pelfrey PO Box 20674 Houston, TX 77282	Amount (\$) \$406.53
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Cell Phone Reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/12/2003	Payee name      Payee address Mark Annes 4401 Wheeler, Ste. 1707 Houston, TX. 77004	Amount (\$) \$22.13
--------------------	---	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Office Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date 12/12/2003	Payee name      Payee address Yes Printing 4711 Main Houston, TX 77002	Amount (\$) \$6,000.00
--------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 13 of 13
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/12/2003	Payee name Sue Davis Payee address 4721 Hummingbird, Houston, TX 77035	Amount (\$) \$3,000.00
--------------------	---	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Media Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/19/2003	Payee name S&G Associates Staffing Payee address 5065 Westheimer, Ste 818 Houston, TX 77056	Amount (\$) \$5,715.00
--------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Staff Leasing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/22/2003	Payee name USPS Payee address 5015 Westheimer, Ste 1200, Houston, TX 77056	Amount (\$) \$37.00
--------------------	---	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/22/2003	Payee name Jeanne Cooper Payee address 5343 Prairie Creek Houston, TX 77084	Amount (\$) \$1,000.00
--------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Consulting fee	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/23/2003	Payee name Houston Chronicle Payee address PO Box 80086 Prescott, AZ 86304-8086	Amount (\$) \$16.45
--------------------	--	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Subscription	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 16 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/23/2003	Payee name SBC Communications Payee address PO Box 4706 Houston, TX 77210	Amount (\$) \$219.44
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Phones for campaign headquarters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/23/2003	Payee name Reliant Energy Payee address PO Box 3765 Houston, TX 77253-3765	Amount (\$) \$20.12
--------------------	---	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Utilities	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
--	---

Date 12/23/2003	Payee name SBC Communications Payee address PO Box 4706 Houston, TX 77210	Amount (\$) \$184.90
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Phones for campaign headquarters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/23/2003	Payee name AT&T Wireless Payee address P.O. Box 8220 Aurora, IL 60572-8220	Amount (\$) \$76.01
--------------------	---	------------------------

Purpose of expenditure (See instructions regarding type of information required.) Cell Phone payment	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

Date 12/23/2003	Payee name Yes Printing Payee address 4711 Main Houston, TX 77002	Amount (\$) \$1,000.00
--------------------	--	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Printing	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
---	---

# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 17 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/23/2003	Payee name      Payee address Hector V Barreto PO Box 942 McLean, VA 22101	Amount (\$) \$315.98
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Travel Reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/23/2003	Payee name      Payee address PDQ Portable Toilets PO Box 41027 Houston, TX 77241	Amount (\$) \$120.00
--------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Event expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/23/2003	Payee name      Payee address SBC Communications PO Box 4706 Houston, TX 77210	Amount (\$) \$644.12
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Phones for campaign headquarters	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date 12/23/2003	Payee name      Payee address Micheal Franks 1103 Crestmont Wharton, TX 77488	Amount (\$) \$500.00
--------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Sign distribution	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

Date 12/23/2003	Payee name      Payee address Reliant Energy PO Box 3765 Houston, TX 77253-3765	Amount (\$) \$318.02
--------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Utilities	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
--	---

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.	Total pages Schedule F: 12 of 18
FILER NAME: Orlando Sanchez	ACCOUNT #: (Ethics Commission filers)

Date 12/23/2003	Payee name      Payee address HLS&R PO Box 20070 Houston, TX 77225-0070	Amount (\$) \$200.00
Purpose of expenditure (See instructions regarding type of information required.) Membership Dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held

Date 12/31/2003	Payee name      Payee address Odyssey Capital 5065 Westheimer Suite 818 Houston, TX 77056	Amount (\$) \$1,192.99
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for event catering		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held



# POLITICAL EXPENDITURES

# SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: <b>1 of 3</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>11/28/2003</b>	Payee name      Payee address <b>Otto's 5502 Memorial Dr. Houston, TX 77007</b>	Amount (\$) <b>\$16.88</b> (x) Reimbursement from political contributions
---------------------------	--	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>11/29/2003</b>	Payee name      Payee address <b>Patrenella's 813 Jackson Hill Houston, TX 77007</b>	Amount (\$) <b>\$31.98</b> (x) Reimbursement from political contributions
---------------------------	---	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>11/30/2003</b>	Payee name      Payee address <b>Fu's Garden 9905 S. Post Oak Houston, TX 77096</b>	Amount (\$) <b>\$34.00</b> (x) Reimbursement from political contributions
---------------------------	--	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/2/2003</b>	Payee name      Payee address <b>Ninfa's 2704 Navigation Houston, TX 77003</b>	Amount (\$) <b>\$54.24</b> (x) Reimbursement from political contributions
--------------------------	---	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/3/2003</b>	Payee name      Payee address <b>Cafe Express 1422 W. Gray Houston, TX 77019</b>	Amount (\$) <b>\$22.62</b> (x) Reimbursement from political contributions
--------------------------	---	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

# POLITICAL EXPENDITURES

# SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: <b>2 of 3</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>12/6/2003</b>	Payee name <b>59 Diner</b> Payee address <b>3801 Farnham Houston, TX 77098</b>	Amount (\$) <b>\$54.38</b> (x) Reimbursement from political contributions
--------------------------	---	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/15/2003</b>	Payee name <b>Otto's</b> Payee address <b>5502 Memorial Dr. Houston, TX 77007</b>	Amount (\$) <b>\$21.80</b> (x) Reimbursement from political contributions
---------------------------	--	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/21/2003</b>	Payee name <b>Taste of Texas</b> Payee address <b>10505 Katy Frwy. Houston, TX 77024</b>	Amount (\$) <b>\$50.94</b> (x) Reimbursement from political contributions
---------------------------	---	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/27/2003</b>	Payee name <b>Goode Co.</b> Payee address <b>5109 Kirby Houston, TX 77098</b>	Amount (\$) <b>\$10.75</b> (x) Reimbursement from political contributions
---------------------------	--	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/27/2003</b>	Payee name <b>Goode Co.</b> Payee address <b>5109 Kirby Houston, TX 77098</b>	Amount (\$) <b>\$44.57</b> (x) Reimbursement from political contributions
---------------------------	--	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

# POLITICAL EXPENDITURES

# SCHEDULE G

The Instruction Guide explains how to complete this form.	Total pgs Schedule G: <b>3 of 3</b>
FILER NAME: <b>Orlando Sanchez</b>	ACCOUNT #: (Ethics Commission filers)

Date <b>12/28/2003</b>	Payee name      Payee address <b>Arcodoro 5000 Westheimer Rd. Houston, TX 77056</b>	Amount (\$) <b>\$184.84</b> (x) Reimbursement from political contributions
---------------------------	--	--

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/30/2003</b>	Payee name      Payee address <b>Divino Italian Restaurant 1830 W. Alabama Houston, TX 77098</b>	Amount (\$) <b>\$71.79</b> (x) Reimbursement from political contributions
---------------------------	---	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/30/2003</b>	Payee name      Payee address <b>Otto's 500 Dallas Houston, TX 77002</b>	Amount (\$) <b>\$13.22</b> (x) Reimbursement from political contributions
---------------------------	---	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---

Date <b>12/31/2003</b>	Payee name      Payee address <b>C. Lantros 5535 Memorial Dr. Houston, TX 77007</b>	Amount (\$) <b>\$19.89</b> (x) Reimbursement from political contributions
---------------------------	--	---

Purpose of expenditure (See instructions regarding type of information required.) <b>Political Meeting Expense</b>	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought / held
---	---